

17 February 2011

RE: Testimony in Support of S.B. 981, An Act Concerning the Placement of Youth Children in Congregate Care

Representative Urban, Senator Musto, and Distinguished Members of the Select Committee on Children:

I was asked to provide written testimony in favor of S.B. 981, a bill in Connecticut that would prohibit congregate care of children under 6. This letter is based on my research, training and technical assistance experiences throughout the US, Romania, Ukraine, Ethiopia, Belize, Guatemala and India.

Babies are biologically prepared to depend upon primary caregivers. A mom, a dad, a grandma, an adopted parent, a foster parent—it doesn't really matter who--but babies are designed to become attached to a primary parent or caregiver. Congregate care, by its very nature, provides constantly changing caregivers—nurses, volunteers or other direct care staff work on shifts and caregivers change frequently. Most children cannot bond because they don't have a consistent person caring for them. Even the best care provided, where all physical needs are swiftly met and cuddling is frequent, still results in problematic outcomes for many children. This is particularly true for the most at-risk children who bring genetic, prenatal and post-natal vulnerabilities to these interactions.

When children don't have primary caregivers, serious consequences can follow them throughout life. Some children become unable to form specific attachments – they can't connect. Others never manage to regulate their stress and emotions, and may be more at risk for developing a serious psychiatric disorder. Many develop developmental trajectories not consistent with optimal growth. In all these situation, the insecurities that result from lack of a primary caregiver can interfere with a child's ability to adjust to life changes, succeed in school, make friends, connect with other people, or to become connected to a parent when reunified or placed for adoption. Not every child will suffer all of these problems, but it is likely that far more will be than children who are placed in family-based care, and it is difficult to predict which children those will be.

It is important to remember that children do not differentiate between good and bad, only familiar and unfamiliar. Every time a child is removed from his or her birth family, the experience is traumatic, and compounds the maltreatment these children have already suffered. Trauma can compromise a child's development in a number of ways. Several studies in the US and Europe have showed how substitute caregivers can learn parenting techniques to reduce the stress babies and young children experience on being removed from their homes and that encourage healthy attachment.

For more than 60 years, studies of English wartime evacuation sites, eastern European orphanages and American congregate care facilities have found long-term damage to children subjected to group care, even if that care is temporary. It is time to use this research to inform public policy and child welfare practice. Legislation that would make congregate care a rare event will benefit the children both short term and long term. I encourage you to enact the legislation.

Sincerely,

Victor Groza, Ph.D., LISWS

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